

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

TRISTRATA TECHNOLOGY, INC.)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 06-645 (JJF)
)	
JEUNIQUE INTERNATIONAL, INC.,)	Jury Demanded
DERMALOGICA, INC., GLYCOFORM-D)	
CORP., and JUVENESSE BY ELAINE GAYLE)	
)	
Defendants.)	

AFFIDAVIT OF MAILING PURSUANT TO 10 DEL. C. § 3104 AND D. DEL. LR 4.1(b)

ARTHUR G. CONNOLLY, III, after first being duly sworn, on this 29th day of March, 2007, does depose and say:

1. I am an attorney with the law firm of Connolly Bove Lodge & Hutz LLP and represent plaintiff in the above captioned action.

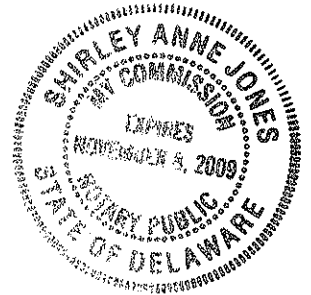
2. On February 21, 2007, I caused a copy of the Complaint, the Summons for Defendant Dermalogica, Inc., and a letter addressed to Jane Wurwand, President, Dermalogica, Inc., and containing the information required by 10 Del. C. § 3104, to be forwarded, via Registered Mail Return Receipt Requested, to defendant Dermalogica, Inc., pursuant to 10 Del. C. § 3104. The Registered Mail receipt for said package is attached hereto as Exhibit "A".

3. On February 26, 2007, the package referenced in paragraph 2, was received by Dermalogica, Inc. The confirmation/tracking form received from the United States Postal Service is attached hereto as Exhibit "B".

Arthur G. Connolly, III
Arthur G. Connolly, III (#2667)

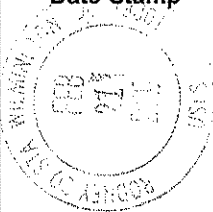
Sworn to and subscribed before me this 29th day of March, 2007.

Shirley Anne Jones
NOTARY PUBLIC



530152_1

EXHIBIT A

Registered No. RB 972 232 216 US		Date Stamp 	
To Be Completed By Post Office	Reg. Fee 7.90	Return Receipt 1.85	
	Handling Charge		
	Postage 6.05	Restricted Delivery	
	Received by REM		
	Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	AGC 3 (5077*13) Connolly, Bove, Lodge, & Hutz P.O. Box 2207 Wilm DE 19801	
	TO	Jane Wurwand Dermalogica, Inc. 1535 Beachy Place Carson Ca, 90746	

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer
 May 2004 (7530-02-000-9051) (See Information on Reverse)
 For domestic delivery information, visit our website at www.usps.com®

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>[Signature]</u> B. Date of Delivery <u>2/26</u></p> <p>C. Signature <u>X A Copor</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <u>Jane Wurwand</u> <u>Dermalogica, Inc.</u> <u>1535 Beachy Place.</u> <u>Carson Ca, 90746</u>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>BB 972 232 216 US</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789